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hepatitis c

Hepatitis C virus was first identified in the 1980s. Although it is not related to other hepatitis viruses, it can cause similar symptoms. It is chiefly transmitted by blood to blood contact and so the main groups affected have been injection drug users and recipients of blood and blood products, e.g. haemophiliacs. People from these communities may also be co-infected with HIV.

There is growing evidence that hepatitis C can be spread sexually. Though the mechanisms are unclear, it's been suggested that the risk may relate to sexual practices which involve contact with blood, most notably fisting and rimming, and unprotected anal sex. Research involving heterosexual couples has tended to find that the risk of transmission through sex is low. However, this is still a controversial area and research is ongoing. People infected with both HIV and hepatitis C may however be more likely to transmit hepatitis C through sex, perhaps because they often have higher levels of the virus in their genital fluids than HIV-negative people.

It is currently estimated that 10% of children born to hepatitis C-infected mothers will contract the virus; 25% for mothers who are also HIV-positive.

Symptoms and illness

The effects of infection with hepatitis C vary. Less than 5% of people who contract the virus develop acute hepatitis symptoms such as jaundice, diarrhoea and nausea at the time of infection, and a significant minority may experience no symptoms at any stage. For those who do, common symptoms include extreme tiredness and depression.

It is not known what proportion of people with hepatitis C will develop liver disease. A small proportion of people infected with hepatitis C will manage to clear the infection. Approximately 85% of infected individuals will go no to develop chronic or ongoing hepatitis C infection. Patterns of disease progression seem to vary considerably from person to person. Some individuals may never experience symptoms, others may begin to develop symptoms like extreme tiredness and nausea ten to fifteen years after infection and a significant minority develop serious liver disease. The varying severity of hepatitis C may reflect differences between hepatitis C strains. Other factors such as being male, alcohol use, older age and having HIV may also speed-up hepatitis C disease progression.

It is thought that it takes on average 30 to 40 years to progress from infection with hepatitis C to liver cirrohosis in people who have only hepatitis C.

The prognosis of people co-infected with HIV and hepatitis C is unclear. Recent studies suggest that HIV may hasten liver damage in co-infected people, and that co-infected people may have a faster progression to AIDS.

Diagnosis

A blood test for antibodies to hepatitis C can tell you whether or not you have been exposed to the virus, though a PCR (viral load) test may be used to confirm infection. Liver function tests may give an indication of whether hepatitis C has damaged your liver, though this can only be accurately shown by a liver biopsy, in which a small sample of liver tissue is removed.

HIV infection can make the diagnosis of hepatitis C more difficult as infection may not show up on antibody tests in HIV-infected people.

Treatment

Current practice is to start treatment for hepatitis C only if liver function is consistently abnormal. The goals of treatment are to normalise liver enzymes (a marker of liver function); to lower hepatitis C viral load; to improve liver inflammation; and to prevent progression to cirrhosis or liver cancer.

Treatment or hepatitis C is not life-long and usually 24 or 48 week. Currently three antiviral drugs are approved for hepatitis C: interferon-alpha (which is given by injection), with or without an anti-viral drug called ribavirin, and a new form of interferon called pegylated interferon which is given with ribavirin. The British HIV Association recommends that hepatitis C be treated with a combination of pegylated interferon and ribavirin. Side-effects may be very severe, though they tend to reduce as treatment goes on. They include high fevers, joint pain, depression and low white cell count. Ribavirin should not be taken at the same time as AZT, and can't be used during pregnancy.

The best approach to treating people co-infected with HIV and hepatitis C is unclear. Most specialists advise treating the infection which is more immediately life-threatening, and in the majority of cases that will be HIV. However, treatment with some anti-HIV drugs, e.g. protease inhibitors, may be problematic for people with liver damage and requires very careful monitoring. There is some evidence that the restoration of the immune system seen with successful anti-HIV therapy may temporarily increase the risk of liver damage in people with hepatitis C.

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for details write to
NAM
Freepost LON 17995
London SW9 6BR

tel
+44 (0) 20 7840 0050
web
www.aidsmap.com